

Alcohol Use Before and During Pregnancy

Publicly funded services to address Alcohol Use During Pregnancy are described in Substance Abuse Services for Pregnant Women

Key Findings

- Maternal prenatal alcohol exposure is one of the leading preventable causes of birth defects and developmental disabilities. Embryos and fetuses exposed to alcohol can develop a wide range of disorders from subtle physical and mental effects to severe mental retardation. There is no safe amount of alcohol, nor a safe time, that a woman can drink while pregnant. Alcohol use in the three months prior to pregnancy is collected as women may not realize they are pregnant for several weeks.
- From 2001-2003, an estimated 49% of new mothers reported drinking alcohol during the three months before becoming pregnant, and 6% reported drinking alcohol during their third trimester of pregnancy.¹
- Drinking in the three months prior to pregnancy was most common among women over 30 years (55%). Among the youngest mothers, over one-third reported drinking before pregnancy.¹

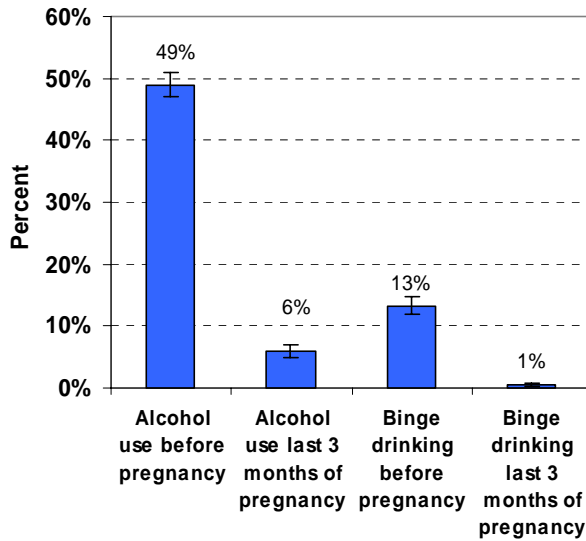
Definition: Alcohol use is defined as any drink of alcohol during the time in question. Binge drinking is defined as 5 or more alcoholic drinks at one sitting. These data are self-reported from the 2001-2003 Pregnancy Risk Assessment Monitoring System (PRAMS) based on the average number of alcoholic drinks per week during the three months before the woman got pregnant and the last three months of her pregnancy.

- An estimated 13% of new mothers reported binge drinking during the 3 months before they got pregnant while less than 1% reported binge drinking the last 3 months of pregnancy.¹
- Women who intended to become pregnant were significantly less likely to binge drink before they became pregnant than women who did not intend to become pregnant. (Data not shown.)¹
- Hispanic women were significantly less likely to report drinking before pregnancy than women of other races/ethnicities.^{1,a}
- Non-Medicaid women were significantly more likely to report drinking before pregnancy and during the 3rd trimester than women receiving Medicaid regardless of Medicaid program.^{1, 2}
- Women with more than a high school education were the most likely to report drinking during 3rd trimester (~9%). There was no difference in reported binge drinking during the third trimester by mother's educational status (Data not shown).^{1,a}
- The Healthy People 2010 objective is for at least 94% of pregnant women to abstain from alcohol and 100% to abstain from binge drinking during pregnancy. Washington has not yet met the HP2010 objective.³

Alcohol Use In Pregnancy By Maternal Age

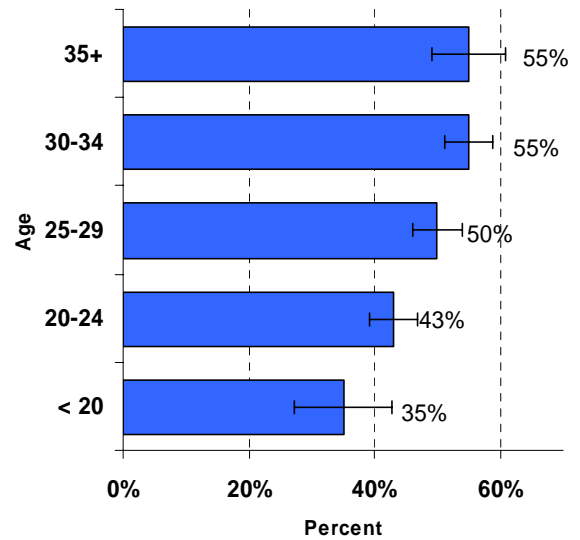
Overall ¹

**Alcohol Use Before and During Pregnancy,
WA, PRAMS, 2001-2003**



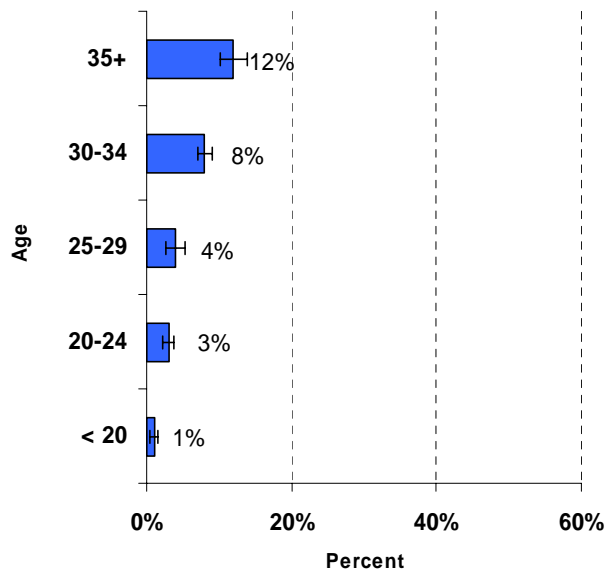
Before Pregnancy ¹

**Drinking 3 Months Before Pregnancy
By Age
WA, PRAMS, 2001-2003**



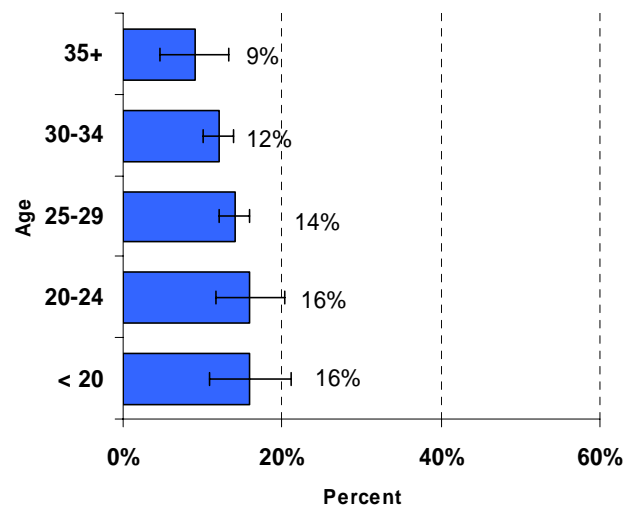
Third Trimester ¹

**Drinking in 3rd Trimester
By Age
WA, PRAMS, 2001-2003**



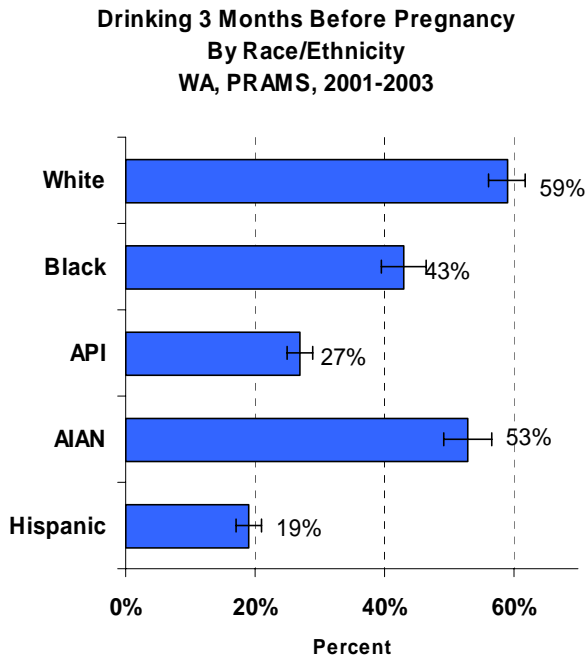
Binge Drinking ¹

**Binge Drinking 3 Months Before
By Age
WA, PRAMS, 2001-2003**

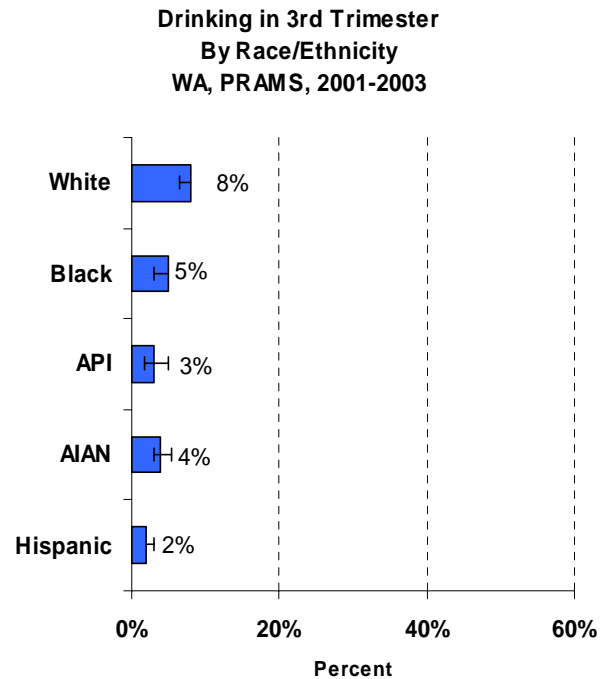


Alcohol Use in Pregnancy by Race and Ethnicity

Before Pregnancy ^{1,a,b,c}

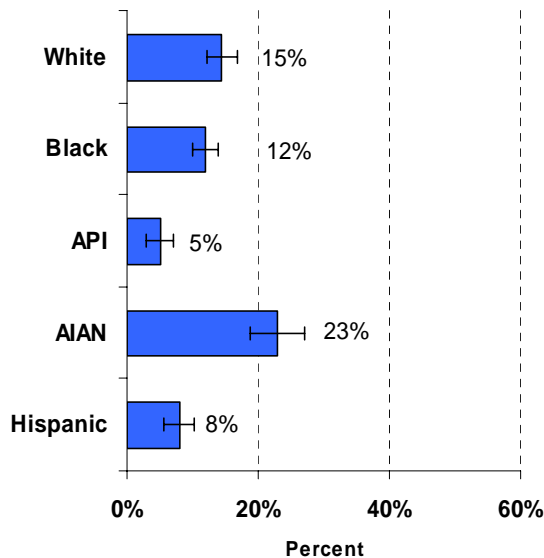


Third Trimester ^{1,a,b,c}



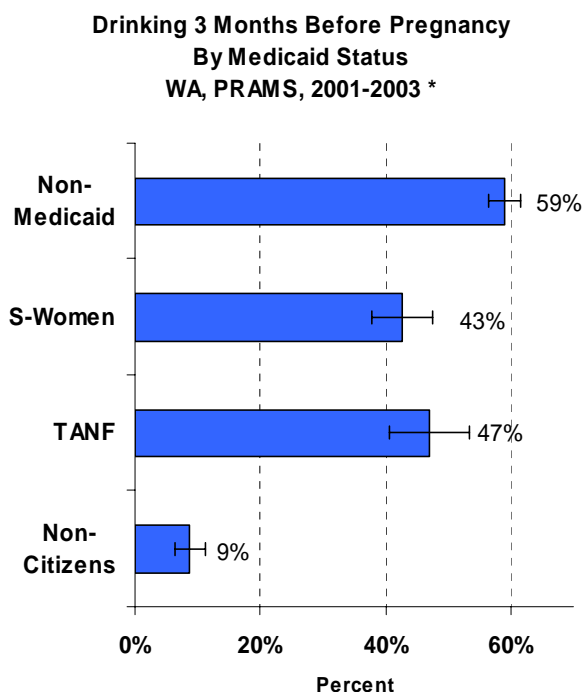
Binge Drinking ^{1,a,b,c}

**Binge Drinking 3 Months Before Pregnancy
By Race/Ethnicity
WA, PRAMS, 2001-2003**

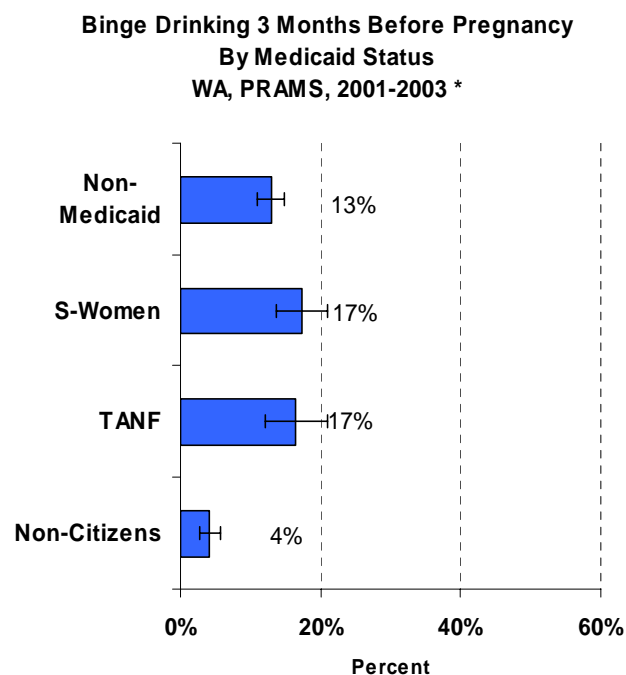


Alcohol Use in Pregnancy by Medicaid Status

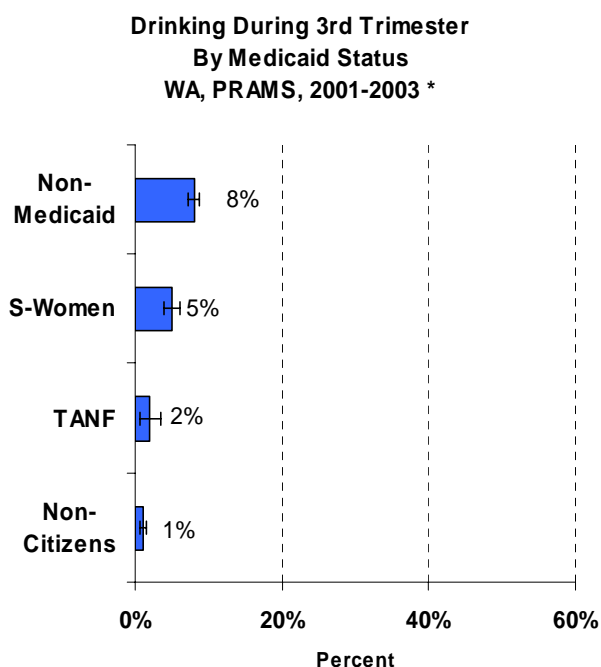
Before Pregnancy ^{1,2,a}



Third Trimester ^{1,2,a}



Binge Drinking ^{1,2,a}



* Medicaid women received maternity care paid for by Medicaid. They are divided into three major subgroups (from highest to lowest socioeconomic status): **S-Women** - those women are citizens and eligible to receive Medicaid because they are pregnant and have incomes at or below 185% FPL, **TANF** - those women who are very low income (generally < 50% FPL) and receive cash assistance (TANF) in addition to Medicaid, and **Non-Citizens** - those women who are not citizens and are eligible to receive Medicaid because they are pregnant and have incomes at or below 185% FPL. Non-citizens are not eligible for TANF although their incomes are often lower than women on TANF. All three Medicaid groups have incomes below most Non-Medicaid women.

Data Sources

1. Washington Pregnancy Risk Assessment Monitoring System (PRAMS), 2001-2003, Washington State Department of Health.
2. First Steps Database, Research and Data Analysis Division, Washington State Department of Social and Health Services.
3. Department of Health and Human Services (US). Healthy People 2010: Understanding and Improving Health. 2nd edition. Washington, DC: US Government Printing Office; November 2000.

Endnotes

- a. Significance was determined based on 95% Confidence Intervals
- b. AIAN – American Indian/Alaska Native
- c. API – Asian or Pacific Islander